

# Personal Investment Application Form



# Irish Life

This product is provided by Irish Life Assurance plc.

**PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS.**

If any item is blank or illegible, this will cause a delay in processing your application.

Please note that this form can be used for full paper applications or pages 1 - 4 can be used for data capture with pages 5 - 6 for signatures. If you submit the proposal electronically, please only send us the declarations section on pages 5 - 6. If you submit the proposal electronically and we receive the full application form, we will return the data capture section unchecked.

## Financial Adviser Details

Financial Adviser Name

Financial Adviser Code

Profile Number

## 1. Plan Owner Details (as applicable)

### 1(a). Personal Plan Owner 1

Title (Mr/Mrs/Ms etc)

First Name

Initial (if applicable)

Last Name

Date of Birth

Age Next Birthday

Gender

Male ☐ Female ☐

Country of Birth

Nationality

Precise Occupation

PPS Number

Are you resident in the U.S. for tax purposes or are you a U.S. citizen?

Yes ☐ No ☐

If yes, then please provide U.S. Taxpayer Identification Number

Address 1\*

Address 2

Address 3

County

Home Number

Mobile Number

Email Address

**\*If you choose to receive plan communications by paper post, the address of the 1st plan owner will be used for this purpose.**

We are obliged to establish country of nationality to comply with money laundering requirements

PPS Number should contain 7 digits and 1 or 2 letters

### 1(b). Personal Plan Owner 2

Title (Mr/Mrs/Ms etc)	<input type="text"/>	
First Name	<input type="text"/>	Initial (if applicable) <input type="text"/>
Last Name	<input type="text"/>	
Date of Birth	<input type="text"/>	Age Next Birthday <input type="text"/>
Gender	Male <input type="radio"/> Female <input type="radio"/>	
Country of Birth	<input type="text"/>	
Nationality	<input type="text"/>	
Precise Occupation	<input type="text"/>	
PPS Number	<input type="text"/>	
Are you resident in the U.S. for tax purposes or are you a U.S. citizen?	Yes <input type="radio"/> No <input type="radio"/>	
If yes, then please provide U.S. Taxpayer Identification Number	<input type="text"/>	
Address 1	<input type="text"/>	
Address 2	<input type="text"/>	
Address 3	<input type="text"/>	
County	<input type="text"/>	
Home Number	<input type="text"/>	
Mobile Number	<input type="text"/>	
Email Address	<input type="text"/>	

We are obliged to establish country of nationality to comply with money laundering requirements

PPS Number should contain 7 digits and 1 or 2 letters

### 1(c). Controlling interest other than Personal Plan Owner

Are you taking out this plan on your own behalf?	Yes <input type="radio"/> No <input type="radio"/>
If not please provide the following details:	
Name of other Party	<input type="text"/>
Relationship or connection to you (if any)	<input type="text"/>
Are any of the Controlling Persons of this entity resident for tax purposes in the U.S. or are they a U.S. citizen?	Yes <input type="radio"/> No <input type="radio"/>

### 1(d). Irish Life Trust

Is this plan issued in Trust with Irish Life?	Yes <input type="radio"/> No <input type="radio"/>
If yes, has the appropriate Irish Life Trust form been completed?	Yes <input type="radio"/> No <input type="radio"/>
If yes, please provide the following details:	
Date of Deed	<input type="text"/>
Title of Appointer (Mr/Mrs/Ms etc)	<input type="text"/>
First Name of Appointer	<input type="text"/>
Last Name of Appointer	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
Address 3	<input type="text"/>
County	<input type="text"/>
Contact Number	<input type="text"/>
Is this person resident in the U.S. for tax purposes or are they a U.S. citizen?	Yes <input type="radio"/> No <input type="radio"/>
If yes, then please provide U.S. Taxpayer Identification Number	<input type="text"/>

**1(e). Company Plan Owner**

Registered Name	<input type="text"/>
Trading Name (if any)	<input type="text"/>
What type of Company/Entity is this?	<input type="text"/>
Tax Number	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
Address 3	<input type="text"/>
County	<input type="text"/>
Contact Number	<input type="text"/>
Email Address	<input type="text"/>
Is this entity resident in the U.S. for tax purposes?	Yes <input type="radio"/> No <input type="radio"/>
Where answered "Yes", if the company is a <b>non financial institution</b>	
then please provide U.S. Taxpayer Identification Number:	<input type="text"/>
Where answered "Yes", if the company is a <b>financial institution</b> then	
please state your GIIN number if available:	<input type="text"/>
Names of shareholders with 25% or more shareholding (if any)	<input type="text"/> <input type="text"/> <input type="text"/>
Are any of the Controlling Persons of this entity resident for tax purposes in the U.S. or are they a U.S. citizen?	Yes <input type="radio"/> No <input type="radio"/>

Does not apply where  
the company is a  
Registered Irish Pension  
Fund or Registered Irish  
Charity

**1(f). Other Plan Owner Type (Trust/Charity etc)**

Type of Owner	<input type="text"/>
Plan Owner Name	<input type="text"/>
Tax Number	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
Address 3	<input type="text"/>
County	<input type="text"/>
Contact Number	<input type="text"/>
Email Address	<input type="text"/>
Trustee/Authorised Signatory Names:	<input type="text"/>
Are you resident in the U.S. for tax purposes or are you a U.S. citizen?	Yes <input type="radio"/> No <input type="radio"/>
If yes the please provide Taxpayer Identification Number:	<input type="text"/>

## 2. Life Assured Details (if different from Plan Owner)

### 2 (a). Life Assured 1

Title (Mr/Mrs/Ms etc)	<input type="text"/>	
First Name	<input type="text"/>	Initial (if applicable) <input type="text"/>
Last Name	<input type="text"/>	
Date of Birth	<input type="text"/>	Age Next Birthday <input type="text"/>
Gender	Male <input type="radio"/> Female <input type="radio"/>	
Address 1	<input type="text"/>	
Address 2	<input type="text"/>	
Address 3	<input type="text"/>	
County	<input type="text"/>	
Is this person resident in the U.S. for tax purposes or are they a U.S. citizen? Yes <input type="radio"/> No <input type="radio"/>		
If yes, then please provide U.S. Taxpayer Identification Number <input type="text"/>		

### 2 (b). Life Assured 2

Title (Mr/Mrs/Ms etc)	<input type="text"/>	
First Name	<input type="text"/>	Initial (if applicable) <input type="text"/>
Last Name	<input type="text"/>	
Date of Birth	<input type="text"/>	Age Next Birthday <input type="text"/>
Gender	Male <input type="radio"/> Female <input type="radio"/>	
Address 1	<input type="text"/>	
Address 2	<input type="text"/>	
Address 3	<input type="text"/>	
County	<input type="text"/>	
Is this person resident in the U.S. for tax purposes or are they a U.S. citizen? Yes <input type="radio"/> No <input type="radio"/>		
If yes, then please provide U.S. Taxpayer Identification Number <input type="text"/>		

Only fill in the following  
if you want an  
automatic withdrawal

## 3. Automatic Regular Withdrawal

You can take a regular withdrawal every month, three months, six months or 12 months. You may take a gross withdrawal (before tax) of between 4% and 8% each year. There is a maximum of 4% withdrawal each year before tax on the UK Property Funds and Irish Property Funds. If the fund grows, on average, at a lower rate, it may reduce your original investment. The smallest amount of withdrawal you can take is €150 every payment.

Amount	€ <input type="text"/>	each year or
	<input type="text"/> %	each year
Withdrawal paid every	<input type="text"/>	Months

Please say which bank or building society you want us to pay the withdrawal to. I give you permission to pay each instalment of withdrawal, as it becomes due, to the following bank or building society.

We can only pay regular  
withdrawals into your  
personal bank account

Customer (Debtor )Name	<input type="text"/>
Customer (Debtor) Bank Identifier Code (BIC)	<input type="text"/>
IBAN	<input type="text"/>



Personal cheque from proposer(s) bank account ☐ 3rd Party Cheque ☐ Bank Draft ☐

[illegible][illegible][illegible]

Proceeds of an existing Irish Life or Progressive Life or Canada Life plan ☐

Existing Plan Number

To comply with the current Anti Moneylaundering and Terrorist Financing legislation, Irish Life Assurance plc is required to ask you about the original source of your wealth in respect of this application. Please tick the relevant box(es) and indicate the source of your investment amount.

1. Salary, bonus or regular savings
2. Early retirement or redundancy payment
3. Proceeds from the sale of investments or other assets
4. Proceeds from the maturity/encashment of Irish Life plan
5. Proceeds from the maturity/encashment of a plan with another life assurance company
6. Inheritance
7. Windfall/compensation payments
8. Other (give details)

 $\geq$ 

You can split your investment between up to 10 funds. Please make sure that the percentages add up to 100%.

Amount to invest	€
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 $\geq$ [illegible]

## 7. Fund Switch Authority

If your plan is jointly owned, please tick this box to allow either owner the authority to switch funds

☐

Please refer to your fund guide for the full range of funds available on this plan.

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## 8. Your Plan Communications

How would you like to receive your plan communications from us? (for example, your welcome pack, letters and regular statements)

Please tick one option:

Online

☐

By paper post

☐

Please note that mobile number and email address must be provided if you wish to receive online communications

If you do not choose an option we will assume you want to receive communications online.

You can check the details of your plan in your personal online service. This service is provided by Irish Life Assurance plc and available through PORTUS. Your plan communications will be securely stored in your personal online account. You will be notified by text and email when communications are added to your account, using the contact details provided in section 1(a).

Do you want the original plan schedule to be sent to your Financial Adviser?

Yes

☐

No

☐



# Irish Life

## Personal Investment-Declarations & Consents

We need this information to match the declaration section to your electronic application

Financial Adviser

Proposal Number

Name of Applicant (Proposer/Plan Owner) 1

Name of Applicant (Proposer/Plan Owner) 2

Profile Number

**If you submit this proposal electronically you should only send us this section.**

### A. Declaration under Regulation 6(3) of the Life Assurance (Provision of Information) Regulations 2001

#### WARNING

If you propose to take out this plan in complete or partial replacement of an existing plan, please take special care to satisfy yourself that this plan meets your needs. In particular, please make sure you are aware of the financial consequences of replacing your existing plan. If you are in doubt about this, please contact your insurer or Financial Adviser.

Ref. Plan Number

Please complete this section by ticking the appropriate box:

Yes, this plan is replacing an Irish Life, Canada Life or Progressive Life plan

☐

Yes, this plan is replacing a plan from another life company

☐

No, this plan is not replacing another plan

☐

#### Declaration of Insurer/Financial Adviser

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001

(Customer name and address)

has been provided with the information specified in Schedule 1 (Customer Information Notice) to those Regulations and that I have advised the customer as to the financial consequences of replacing an existing plan with this plan by cancellation or reduction, and of possible financial loss as a result of such replacement



Signature of Financial Adviser

Please sign and date

Date

#### Declaration of Customer(s)

I confirm that I have received in writing the information specified in the above declaration.



Signature of Proposer

Please sign and date

Date



Signature of Joint Proposer (where applicable)

Please sign and date

Date

**Please note:** That if you are signing on behalf of a company you should precede your signature with 'for and on behalf of company name'.

## B. Data Consent

I consent to Irish Life Assurance plc

- Processing and holding (online or otherwise) all information disclosed by me, or on my behalf, including personal data for the purposes of processing my application, issuing and administering all aspects of the plan, customer care and services purposes.
- Disclosing my personal data to persons necessary in connection with the above purposes, to regulatory authorities or as required by law, to other companies in the Irish Life Group or the Great-West Life Co Group and to any person to whom the plan may be assigned. This may include the transfer of personal data, including sensitive personal data, to countries outside the European Economic Area.

I understand I have the right to access, update and rectify my personal details by writing to the customer service team at Irish Life, Irish Life Centre, Lower Abbey Street, Dublin 1.

## C. Delegated Authority to Complete Online Application (if applicable)

I/we authorise my Financial Adviser to complete the online application on my/our behalf based on the information that has been provided in this application form. I/we understand and acknowledge that in giving this authorisation the Application Form will only be retained by my/our Financial Adviser and will not be passed to Irish Life.

I/we acknowledge that a record of the application will be sent to me and agree to notify Irish Life if

- I/we do not receive the record
- Any information in this record is false, incorrect or incomplete

## D. Declaration

I understand that this declaration, together with the other declarations and consents I have given in this application booklet, is my application (online or otherwise) for a plan and will form the basis of any contract accepted by Irish Life (online or otherwise). I understand and agree that my contract with Irish Life will be based on:

- the declarations and consents in this booklet,
- all personal details given by me, and which will be recorded and sent to me on my Plan Schedule,
- the policy terms and conditions,
- payment by me of the agreed premium(s) for which a direct debit mandate or other form of payment has/will be agreed to by me.

If I have answered "no" to the FATCA questions in this application then by signing this form I confirm that there are no U.S. citizens or residents in the U.S. for tax purposes connected with this plan.

I agree and consent to this application and/or Irish Life's electronic sales and business system being the only records maintained by Irish Life on which the contract will be based.

I understand that the investment will not start until Irish Life has accepted my application (online or otherwise) and that units will be purchased for me in the fund (or funds) described in my Plan Schedule at the next offer price date after the agreed contract start date.

I confirm that I have read and understood all the above declarations



Signature of Proposer

X

Please sign and date

Date

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Signature of Joint Proposer (where applicable)

X

Please sign and date

Date

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**Please note: That if you are signing on behalf of a company you should precede your signature with 'for and on behalf of company name'.**